PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450

Customer No. 24498

Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885 Total No-Total No. of Pages:

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee solitonstians. maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block | for any change of address)

24498

7590

10/05/2009

Thomson Licensing LLC P.O. Box 5312

Two Independence Way PRINCETON, NJ 08543-5312

Robert D. Shedd Attn:



Note: A certificate of mailing can only be used for domestic mailings of the Pee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmitted is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUB FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Oell S. Stirrelson (Signance	Jill S. Garretson	(Dopositor's name)
	Oill of Standoon	(Signazuro)
		(Detc)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/527,576	03/11/2005	Northon Rodrigues	PU020393	7300	

TITLE OF INVENTION; ASSOCIATING NOTIFICATIONS OF THE STATUS OF A DATA NETWORK BY USE OF A TOPOLOGY EDITOR

						DATE DUE
APPLN. TYPE	SMALL ENTITY	issub fee due	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL PEE(S) DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	01/05/2010
EXAM	INER	ART UNIT	CLASS-SUBCLASS			
	ANDY	2194	719-318000			
CFR 1.363). Change of corresp Address form PTO/S.	lication (or "Fee Address 02 or more recent) attack	inge of Correspondence	(2) the name of a single	3 registered patent attorn vely, c firm (having as a memb agent) and the names of u	Harvey	D. Shedd D. Fried Fogelson
DI BASE NOCE, IL	iless an assignee is ident th in 37 CFR 3.11. Com	ified below no essignee	THE PATENT (print or type data will appear on the print a substitute for filing an (B) RESIDENCE: (CITY	arent. If an assignce is in	r(ADDO2 0000042	ument has been filed for 070832 10527576
Thomson L		r categories (will not be p		01 FC:1501 illançour.t ₃₀₀	Frances.00 DA	entity 🗖 Governmen
ia. The following fee(s) XX Issue Fee XX Publication Fee (l		pcrmitted)	b. Payment of Fee(s): (Plea	ase first reapply any pre	viously paid issue fee sh ached.	own above)
a. Applicant clain	atus (from status indicate ns SMALL ENTITY stat	us. Sec 37 CFR 1.27.		ger claiming SMALL EN		
NOTE: The Issue Fee as nurest as shown by the	records of the United St	puired) will not be accepted ates Patent and Trademar	ed from anyone other than t k Office.	ine applicant; a registered	anomes or agent, or the	assigned or outer party in
Authorized Signature		. Fogelson		Date Octo	ber 28, 200	9
Typed or printed name of information application. Confider the complete the complet	fation is required by 37	CFR 1.311. The informati	on is required to obtain or 1,14. This collection is es y depending upon the indi- ne Chief Information Office	retain a benefit by the pub	lic which is to file (and t	by the USPTO to proces gathering, preparing, as you require to comple

How 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents

P.O. Box 1450 Alexandria, Virginia 22313-1450

Customer No. 24498

or Fax (571)-273-2885 Total No. of Pages:

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "PEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

24498

7590

10/05/2009

Thomson Licensing LLC P.Q. Box 5312 Two Independence Way PRINCETON, NJ 08543-5312 Attn: Robert D. Shedd

OCT 2 8 2009

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Jill Ş. Garretson	(Depositor's name)
Oill S. Standson	(Signarure)
0 Sctober 28, 2009	(Date)

APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/527,576	03/11/2005	Northon Rodrigues	PU020393	7300

TITLE OF INVENTION: ASSOCIATING NOTIFICATIONS OF THE STATUS OF A DATA NETWORK BY USE OF A TOPOLOGY EDITOR

APPLN. TYPE	SMALL ENTITY	ISSUE PEE DUE	PUBLICATION FEE DUE	Prev. Paid Issue fee	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	· \$300	20	\$1810	01/05/2010
EXAM	INER '	ART UNIT	CLASS-SUBCLASS			
но, А	NDY	2194	719-318000	·		
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required. 		inge of Correspondence "Indication form and Use of a Customer	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Robert D. She Harvey D. Fri 3Joel M. Fogel			
			THE PATENT (print or typ			
		ified below, no assigned pletion of this form is NO	data will appear on the port a substitute for filing and			iment has been filed for
(A) NAME OF ASSI	GNBE		(B) RESIDENCE: (CHY	and STATE OR COUNT	RY)	
Thomson L	icensing		Boulogne-B	llancourt,	France	
Please check the appropr	riate assignee category or	categories (will not be pr	rinted on the patent):	Individual & Corporati	on or other private group	entity Government
4a. The following fcc(s) X基 Issue Fee XX Publication Fee (Y XX Advance Order -	No small entity discount p			se first reapply any prev d. Form PTO-2038 is awa authorized to charge the r sit Account Number <u>0</u> 7.	ched.	
5. Change in Entity Ste	tus (from status indicate	d above)				
	SMALL ENTITY SEED		• • • • • • • • • • • • • • • • • • • •	or claiming SMALL ENT		
NOTE: The Issue Pee an interest as shown by the	d Publication Fee (If requeed State	uired) will not be accepte ites Patent and Trademark	d from anyone other than t Office.	ne applicant; a registered a	ittorney or agent; or the	assignee or other party in
Authorized Signature		Forelge			ber 28, 200	9
Typed or printed nam	//	. Fogelson		Registration No	,	
WICKSIMIST AIRBINST ST	13-1430.		on is required to obtain or r 1.14. This collection is est depending upon the indive e Chief Information Office COMPLETED FORMS TO			
Under the Paperwork Re	duction Act of 1995, no	persons are required to re-	spond to a collection of inf	ormation unless it displays	a valid OMB control at	ımber.